

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

Whiteriver Indian Health Service
Office of Human Resources, P.O. Box 860
200 West Hospital Drive, Whiteriver, AZ 85941-0860

Preference in filling vacancies is given to qualified Native American Indian Candidates or Alaska Natives in accordance with the INDIAN PREFERENCE ACT, TITLE 25, US CODE, SECTION 472 & 473. In order than the above, the Indian Health Service is an Equal Opportunity Employer.

ANNOUCEMENT NUMBER:	OPENING DATE:	CLOSING DATE:
WRSU-06-001-OC	01-01-06	12-31-06

POSITION TITLE/SERIES/GRADE: Clinical Nurse (FCU): GS-610-09

STARTING SALARY: GS-09 - \$50,905.00 per annum

PROMOTION POTENTIAL: No known potential

SUPERVISORY/MANAGERIAL: No

RELOCATION EXPENSES: Will be paid in accordance with Federal Travel Regulations.

APPOINTMENT/WORK SCHEDULE: Permanent or Temporary (may be converted to permanent)
Full-Time, Intermittent, or Part-Time work schedule

AREA OF CONSIDERATION: Government Wide

DUTY LOCATIONS: Whiteriver Service Unit, Whiteriver, Arizona. **(Specify preference. Positions to be filled as vacancies occur.)**

JOB DESCRIPTION: The incumbent will be required to provide direct nursing care to patient of all ages with a variety of medical, surgical, geriatric, gynecological and prenatal health care needs. The incumbent will assure that patient care is provided in accordance with hospital policies/procedures, nursing standards and practices. Will be required to develop and implement a care plan for assigned patients based on the nursing process. The incumbent assesses the physical, mental, psychosocial, and spiritual development and educational needs of the patient/family through interview and review of medical records. Will evaluate the effectiveness of the care plan and make modification as necessary. He/she coordinates with other health care disciplines and departments to meet the identified patient/family care needs. Provide education to patients and their family on health maintenance, medications, disease process, treatments, diagnostic tests, procedures, discharge instructions and other topics as necessary. Nursing interventions include medication administration, intravenous infusions, electrocardiograms, wound care, education of patient/family, and case management, etc. Initiates emergency intervention as indicated such as Basic Life Support. The incumbent will set up an operate specialized equipment including but not limited to: infusion pumps, suction devices, pulse oximetry, telemetry monitors and other automated equipment. Documents nursing activities regarding direct care, performance improvement, infection control, staff assignments, etc. The incumbent will serve as charge nurse. He/she participates in unit and performance improvement activities and orientation of new personnel.

WHO MAY APPLY: All Sources. Federal employment status is not required. U.S. citizenship is required.

- ?? Excepted Service Examining Plan Candidates (ESEP) – Individuals entitled to Indian Preference who wish to be considered for excepted appointment in IHS, under authority of 5 CFR, Part 213, Schedule A 213.3116(B)(8).
- ?? Merit Promotion Plan Candidates (MPP) – Current permanent competitive Federal status employees, reinstatement eligible, and current IHS Indian Preference individuals and/or individuals who are eligible for excepted appointment in IHS under some other authority (e.g., handicapped authority, etc).
- ?? PHS Commissioned Corps Officers – Current active or inactive Commissioned Officers may apply.
- ?? Veteran's Preference - Preference eligible veterans who have been separated from the armed forces under honorable conditions after 3 years or more of continuous active service may apply.

Indian Preference applicants must indicate on their applications whether they are applying under the MPP, ESEP, or both. If not indicated, they will be considered under the MPP.

Qualified disabled applicants (Rehabilitation Act of 1973) and disabled veterans with 30% or more disability are encouraged to apply.

Reasonable accommodations will be made for qualified applicants with disabilities, except when doing so would impose undue hardship on the Indian Health Service.

CONDITIONS OF EMPLOYMENT:

1. Selectee(s) are required to be immunized against Measles and Rubella and provide documentation prior to or at the time of their start date. Special consideration may be allowed to individuals who are allergic to a component of the vaccine or are currently pregnant. Selectee must have documented immunity to Rubella and Measles.
 2. Selectee(s) are required to complete Security questionnaire and fingerprint chart for investigative purposes under PL 101-630 Indian Child Protection and Family Violence Prevention Act. Persons, who have been arrested for or charged with a crime involving a child, or violent crime against a person, are not eligible for employment with IHS under PL 101-630.
 3. Selectee(s) are required to complete a "Declaration of Federal Employment– Optional Form 306" to determine your suitability for Federal Employment, and to certify the accuracy of all the information in your application. Persons making false statements in any part of the application may not be hired; or fired after employment starts; or may be fined.
 4. Males born after December 31, 1959 are required to be registered with the Selective Service System in order to be eligible for employment with the Federal Government.
 5. Selectee(s) are required to have a viable bank account at a financial institution for electronic direct deposit of salary payment.
 6. **All positions are required to rotate shifts and provide patient care in other nursing units as assigned. Work schedule is primarily 12 hours shifts.**
 7. The incumbent may be required to travel and must possess a valid driver's license.
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QUALIFICATION REQUIREMENTS:

Licensure Required: All applicants for nurse positions must have active, current registration as a professional nurse in a State, District of Columbia, the Commonwealth of Puerto Rico, or territory of the United States.

Education: Degree or diploma from a professional nursing program approved by the legally designated State accrediting agency at the time the program was completed by the applicant.

Grade	EDUCATION**	AND/OR	EXPERIENCE
GS-9:	2 full year of progressively higher level graduate Education or a master's or equivalent degree	or	1 year of experience equivalent to at least the GS-7 level

Specialized Experience: Experience that equipped the applicant with the particular knowledge, skills, and abilities to perform successfully the duties of the position, and that is typically in or related to the work of the position to be filled. To be creditable, specialized experience must have been equivalent to at least the next lower grade level in the normal line of progression for the occupation in the organization.

****Transcripts must be provided if you substitute education for experience.**

TIME IN GRADE: Candidates must have completed at least one year of service in a position no more than one grade lower than the position to be filled. (If selected under the Excepted Service Examining Plan, such individuals may be appointed under Schedule A authority without regard to Time-In-Grade requirements.)

LEGAL AND REGULATORY REQUIREMENTS: Candidates must meet time -after competitive appointment, time -in-grade, and qualification requirements within 30 calendar days after the closing date of the vacancy announcement.

METHODS OF EVALUATION: Evaluation is made on the basis of appropriate education, experience, performance appraisals, training, self-development, outside activities and special awards. Experience related to tribal involvement and to Indian community projects will also be evaluated. Applicants will also be evaluated on the following ranking factors, i.e., Knowledge, Skills, and Abilities (KSA's)

SUPPLEMENTAL QUESTIONNAIRE on KNOWLEDGE, SKILLS, AND ABILITIES (KSA): On a separate sheet of paper, discuss how you performed (or have potential to develop) the particular knowledge, skill, or abilities listed below. (Failure to submit written responses as part of your application may result in an ineligible rating.)

KSA's for Nurse, GS-610-09:

1. Describe your knowledge, skills and abilities in utilizing the nursing process to care for patients throughout the age continuum (including gynecological and prenatal patients) evaluation of nursing interventions and documentation of care.
2. Describe your knowledge, skills and abilities in utilizing specialized equipment, administration of medication/immunization and emergency nursing interventions.
3. Describe your knowledge, skills and abilities in communication both verbally and in written to patients, their families and other professional personnel.
4. Describe your knowledge, skills and abilities in basic computer literacy.

HOW TO APPLY/REQUIRED FORMS:

1. Applicants may use on the following to apply: (1) OF-612 Optional Application for Federal Employment, **or** (2) Resume (see requirements in **Attachment A**).
2. If claiming Indian Preference, BIA 4432 "Verification of Indian Preference for Employment in BIA and IHS".
3. If claiming Veteran's Preference, copy of DD-214 Form, and SF-15 if claiming 10 point Veteran's Preference.
4. Copy of latest Personnel Action (SF-50), if a current or former employee, and/or if requesting Reinstatement Eligibility.
5. Copy of the most recent performance appraisal, if a current Federal employee.
6. Copies of college transcripts. Education will not be given credit without them. To claim credit or if you are substituting education for experience, you are required to provide evidence of the education by providing a copy of your official transcripts. No credit will be given without your transcript.
7. Copy of current unrestricted Nursing License.
8. Completed PL 101-630 Questionnaire (**form attached**)
9. Completed Selective Service Registration Form (**form attached**)
10. Written Responses to the Knowledge, Skills, and Abilities (KSA)
(**OPTIONAL** ~ failure to submit may result in an ineligible rating or substantially lower score).
11. Commissioned Corps Officer: (1) latest COER, and (2) current Billet Description, and
(3) BIA FORM 4432 if claiming Indian Preference.

" Faxed application will be accepted. It is your responsibility to assure that your application package is complete."

Application and required forms must be identified by this announcement number and submitted to the address below:

**ATTN: (WRSU-06-001-OC)
Office of Human Resources
Whiteriver Service Unit
PO Box 860
200 West Hospital Drive
Whiteriver, Arizona 85941-0860**

Phone: (928) 338-3558

Fax: (928) 338-3534

All submitted materials are subject to retention by this office. You should duplicate and retain copies, since requests for copies will not be honored. Additional information regarding Federal job opening can be obtained at www.opm.gov, or at USAJOBS www.usajobs.opm.gov or check the IHS Website at www.ihs.gov. All documents are subject to the provision of the Privacy Act (PL 93-579) and become the property of Department of Health and Human Services (DHHS).

Additional selections of candidates may be possible within 90 days from the date the certificate of eligible is issued for this announcement, for filing additional or similar positions.

Human Resource Specialist: (Call 928-338-3558 to contact a Human Resources Specialist.) Date: 01-11-2006

ATTACHMENT A

Resume Requirements - Your resume or other application format must contain the following information to allow for qualification determination.

- ?? Identify your application/resume by the announcement number, title and grade(s)
- ?? Full Name (first, middle, last ~ include other names used, i.e., maiden name)
- ?? Mailing Address
- ?? Phone Number where you can be reached
- ?? Email Address (if applicable)
- ?? Social Security Number
- ?? Country of citizenship
- ?? Education: list high school and colleges attended, type of degree (list major) received, date of degrees conferred, and city and state of school.
- ?? Work Experience: (include non-paid work as well as paid)
 - Job Title (if Federal employment, indicate series and grade)
 - Duties and Accomplishments
 - Employer's name and Address
 - Employer's name and phone number
 - Starting and ending dates of employment (month/year)
 - Hours of work per week
 - Salary
 - Indicate if you do not want us to contact your current supervisor
(if not specified, it will be assumed that we may do so)
- ?? List job related training (title, year obtained, hours of training)
- ?? Honors or awards received
- ?? License or certificates obtained (submit with application)
- ?? Special accomplishments (i.e., publications, memberships, leadership and community recognition, etc)

Indicate if you do not want your current supervisor contacted for reference purposes.

ATTACHMENT B

1. You may be eligible for special selection priority consideration under the Career Transition Assistant Program (CTAP) if you are a current career or career-conditional (tenure group I or II) employee of the DHHS Agency at the GS-15 grade level or below or equivalent, and who has received a specific RIF separation notice or a Certificate of Expected Separation indication your job is surplus, or notice of removal for declining a directed reassignment or transfer of function outside the local commuting area. To qualify for special selection priority consideration under CTAP you **MUST** also meet the criteria shown in paragraph 3 below.
2. You may be eligible for special selection priority consideration under the Interagency Career Transition Assistance Program (ICTAP) if you are a current or former career-conditional (tenure group I or II) employee of any agency in the competitive service at the GS-15 grade level or below or equivalent, who has received a specific RIF separation notice or a notice of proposed removal for declining a directed reassignment or transfer of function outside the local commuting area. You may also be eligible if you were separated because of a compensable injury and your compensation has been terminated; or you retired with a disability and your disability annuity has been or is being terminated; or you were in receipt of a RIF separation notice and retired on the effective date of the RIF or under discontinued service; or you are a former Military Reserve Technician or National Guard Technician who is receiving a special disability retirement annuity from OPM. To qualify for special selection priority consideration under ICTAP you **MUST** also meet the criteria shown in paragraph 3 below.
3. To qualify for special selection priority consideration under CTAP or ICTAP for this vacancy, you **MUST** also meet **ALL** of the following:
 - (a) Have a current or last performance rating of record of at least fully successful or equivalent. A copy **MUST** be submitted with your application package. (Note: this requirement does not apply to candidates who are eligible due to compensable injury or disability retirement).
 - (b) Be applying for a position at or below the grade level from which you will be, or have been separated, and which does not have a greater promotion potential than the position from which you will be, or have been separated.
 - (c) Occupy or be displaced from a position in the same local commuting area of the position for which you are requesting priority consideration.
 - (d) File your application by the vacancy announcement closing date and meet all the applicable criteria. Your application **MUST** include **ALL** documents that support your claim of eligibility for priority consideration – RIF separation notice, or notice of proposed removal for declining a directed reassignment or transfer of function to another commuting area; SF-50 Notification of Personnel Action, showing that they were separated as a result of RIF, or declining a transfer of function or directed reassignment to another area; official certification from an agency stating that it cannot place an individual whose injury compensation has been or is being terminated; or official notification from the Military Department or National Guard Bureau that the employee has retired under 5 USC 8337(h) Or 8456.
 - (e) Be rated “well qualified” for this position. A numerical rating of 85 is considered to be well qualified for this position.

APPLICANT'S STATEMENT OF SELECTIVE SERVICE REGISTRATION STATUS

If you are a male born after December 31, 1959, and are at least 18 years of age, civil service employment law {5 U.S.C. 3328} requires that you must be registered with the Selective Service law, unless you meet certain exemptions under Selective Service law. If you are required to register but knowingly and willfully fail to do so, you are ineligible for employment by executive agencies of the Federal Government.

CERTIFICATION OF REGISTRATION STATUS

Check one:

- ☐ I certify I am registered with the Selective Service System.
- ☐ I certify I have been determined by the Selective Service to be exempt from the registration provisions of Selective Service law.
- ☐ I certify I have not registered with the Selective Service System.
- ☐ I certify I have not reached my 18th birthday and understand I am required by law to register at that time.

NON-REGISTRANTS UNDER AGE 26

If you are under age 26 and have not registered as required, you should register promptly at a United States Post Office or consular office if you are outside the United States.

NON-REGISTRANTS AGE 26 OR OVER

If you were born in 1960 or later, are 26 years of age or older, and were required to register but did not do so, you can no longer register under Selective Service law. According, you are not eligible for appointment to an executive agency unless you can prove to the Office of Personnel Management (OPM) that your failure to register was neither knowing nor willful. You may request an OPM decision through the agency that was considering you for employment by returning this statement with your written request for an OPM determination together with an explanation and documentation you wish to furnish to prove that your failure to register was neither knowing nor willful.

PRIVACY ACT STATEMENT

Because information on your registration status is essential for determining whether you are in compliance with 5 U.S.C. 3328, failure to provide the information requested by this statement will prevent any further consideration of your application for appointment. This information is subject to verification with the Selective Service System and may be furnished to other Federal agencies for law enforcement or other authorized use in implementing this law.

FALSE STATEMENT NOTIFICATION

A false statement may be grounds for not hiring you, or for firing you if you have already begun work. Also, you may be punished by fine or imprisonment (Section 1001 of title 18, United States Code).

Legal signature of individual {please use ink}

Date signed {please use ink}

Addendum to Declaration for Federal Employment (OF 306)
Indian Health Service
Child Care & Indian Child Care Worker Positions

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Item 15a. Agency Specific Questions

Name: _____ **Social Security Number:** _____

(Please print)

Job Title in Announcement: _____ **Announcement Number:** _____

Section 231 of the Crime Control Act 1990, Public Law 101-647, requires that employment applications for Federal child care positions contain a question asking whether the individual has ever been arrested for or charged with a crime involving a child and for the disposition of the arrest or charge.

Section 408 of the Miscellaneous Indian Legislation, Public Law 101-630, contains a related requirement for positions in the Department of Health and Human Services that involve regular contact with or control over Indian children. The agency must ensure that persons hired for these positions have not been found guilty of or pleaded nolo contendere or guilty to certain crimes.

To assure compliance with the above laws, the following questions are added to the Declaration for Federal Employment:

- 1) Have you ever been arrested for or charged with a crime involving a child? YES_____ NO_____

[If AYES@, provide the date, explanation of the violation, disposition of the arrest or charge, place of occurrence, and the name and address of the police department or court involved.]

- 2) Have you ever been found guilty of, or entered a plea of nolo contendere (no contest) or guilty to, any felonious or misdemeanor offense under Federal, State, or tribal law involving crimes of violence; sexual assault, molestation, exploitation, contact or prostitution; or crimes against persons; or offenses committed against children? YES_____ NO_____

[If AYES@, provide the date, explanation of the violation, disposition of the arrest or charge, place of occurrence, and the name address of the police department or court involved.]

I certify that (1) my response to these questions is made under penalty of perjury, which is punishable by fines of up to \$2,000 or 5 years imprisonment, or both; and (2) I have received notice that a criminal check will be conducted. I understand my right to obtain a copy of any criminal history report made available to the Indian Health Service and my right to challenge the accuracy and completeness of any information contained in the report.

Applicant=s Signature (sign in ink)

Date

Public Burden Statement: In accordance with Paperwork Reduction Act (5 CFR 1320.8 (b)(3), a Federal agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Respondents must be informed (on the reporting instrument, in instructions, or in a cover letter) the reasons for which the information will be collected; the way the information will be used to further the proper performance of the functions of the agency; whether responses to the collection of the information are voluntary, required to obtain a benefit (citing authority), or mandatory (citing authority); and the nature and extent of confidentiality to be provided, if any (citing authority). Public reporting burden for this collection of information is estimated to average 15 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the necessary data, and completing and reviewing the collection information. Send comments regarding the burden estimate or any other aspect of this collection of information to the IHS PRA Information Collection Clearance Staff, 12300 Twinbrook Parkway, Suite 450, Rockville, MD 20852. ***Please do not send completed data collection instruments to this address.***

FORM APPROVED: O.M.B. NO. 0917-0028

Expires 02/28/2009